



**BILL LOCKYER**  
Attorney General

Public Inquiry Unit  
(916) 322-3360 TDY (916) 324-5564  
Toll Free – California Only  
1-800-952-5225 TDY 1-800-952-5548  
[www.ag.ca.gov](http://www.ag.ca.gov)

**COMPLAINT  
ABOUT PEACE OFFICERS/  
LAW ENFORCEMENT AGENCY**

Mail Form To:

Public Inquiry Unit  
Office of the Attorney General  
P.O. Box 944255  
Sacramento, CA 94244-2550

NOTE: We do not provide an on-line filing process for this type of complaint because document attachments are needed.

**Section 1 – Policy For Reviewing Citizen Complaints Against Law Enforcement**

Under the general policy of the Department of Justice, your complaint about a law enforcement agency or its employee(s) must be addressed first to appropriate local authorities. The Attorney General will review complaints for possible investigation when substantive allegations of unlawful conduct are made and all appropriate local remedies have been exhausted.

Have you exhausted appropriate local remedies?

**No**

**Please contact appropriate local authorities (e.g., sheriff or police department, district attorney, citizens' review commission and/or grand jury in the jurisdiction).**

**Yes**

**PROCEED WITH COMPLAINT FORM**

**Section 2 – Type of Communication**

This is a complaint about a law enforcement officer

This is a complaint about a law enforcement agency

**Section 3 – Your Contact Information (To receive a response in writing, you must provide your mailing address)**

First Name

MI

Last Name

Address

City

State

Zip Code

Home Phone

Work Phone

**Section 4 – Law Enforcement Agency or Employee Information**

Employee's Name

Agency Name

Agency Address

City

State

Zip Code

Agency /Official's Phone

**Section 5 – Local Remedies Sought**

Have you contacted the local law enforcement agency about your complaint?

Yes

No

If so, what agency/agencies?

Have you filed a complaint with the county district attorney?

Yes

No

Have you filed a complaint with the county grand jury?

Yes

No

Have you contacted another agency for assistance?

Yes

No

If so, what agency/agencies?

Have you contacted an attorney for assistance?

Yes

No

If so, provide the attorney's Name

Address

Phone

**Section 6 – Your Complaint**

Provide specific information about the alleged misconduct and detail your efforts to obtain local remedies. If more space is needed, attach additional pages. **ALSO ATTACH A COPY OF YOUR COMPLAINT(S) TO THE LOCAL AUTHORITIES AND THEIR RESPONSE(S). Do Not Send Original Documents.**

Number of Pages Attached

[If you need more space and are using this fillable form, create a document (e.g. MS Word or WordPerfect) to print and attach.]

Signature

Date